

TEST # 11

FORMS INCLUDED: 1040A, FORM W2 (2), IDAHO FORM 43, 39NR

FORM 1040A

Form 1040

First, Initial and Last Name:

JOE A DEER

Social Security Number:

400-00-5911

Spouses Name:

Jessie P Deer

Social Security Number:

400-00-5926

Home address:

123 BEAUTIFUL ST

City, state and zip:

CALDWELL ID 83607

Do you want \$1 to go to presidential campaign fund:

NO

Filing status:

MARRIED FILING JOINT

Dependent:

#1

Name:

JESSICA LEE

Social security number:

400-55-3012

Relationship:

DAUGHTER

No. of months:

12

Qualifying child for Tax Credit:

YES

Dependent:

#2

Name

TAMMY TX

Social security number:

400-55-4012

Relationship:

FOSTERCHILD

No. of months:

12

Qualifying child for Tax Credit:

YES

Dependent:

#3

Name:

SAMMY DEER

Social security number:

400-55-5012

Relationship:

SON

No. of months:

12

Qualifying child for Tax Credit:

YES

Number of boxes checked on 6a:

2

Number of children living with you:

3

Total number of exemptions:

5

Line 7 Total wages:

41200

Line 15 Total income:

41200

Line 21 adjusted gross income:

41200

OVERPAID:

70

REFUND:

70

DIRECT DEPOSIT:

NAME:

FIRST SAVINGS BANK

RTN:

324172630

ACCT#:

00001234567891011

TYPE OF ACCT:

CHECKING

Taxpayers Occupation:

Military

FORM W2 (1)

b.	employers identifications number:	38-9391949
c.	employers name, address and zip:	US NAVY 21 APPEAL ST KANATA ONTARIO K2K-1X3
d.	employees social security number:	400-00-5911
e.	employees name:	JOE A DEER
f.	employees address and zip:	123 BEAUTIFUL ST CALDWELL ID 83607
Box 1	Wages, tips etc:	21200
Box 2	Federal Income tax withheld:	2240
Box 3	Social security wages:	22700
Box 4	Social security tax withheld:	1407
Box 5	Medicare wages and tips:	22700
Box 6	Medicare tax withheld:	329
Box 9	Advance EIC payment:	412
Box 13	See instructions:	D 1500
Box 15	Deferred compensation:	YES
Box 16	State and ID number:	ID 382461
Box 17	State wages:	21200
Box 18	State income tax withheld:	0

Form W-2 (2)

b.	employers identification number	12-3456789
c.	employers name, address	DFAS 126 W Main St Denver CO
d.	employees SSN:	400-00-5926
e.	employees Name:	Jessie P Deer
f.	employees address:	123 Beautiful St Caldwell ID 83607
1.	Wages	20000
2.	Federal Income Tax Withheld:	2400
3.	Social Security wages:	20000
4.	Social Security withheld:	1200
5.	Medicare wages and tips:	20000
6.	Medicare tax withheld:	320
Box 13	See instructions:	D 1400
Box 15	State and ID number:	OR 001234569
Box 16	State wages:	20000
Box 18	State income tax withheld:	900

AMENDED RETURN, check the box. ☐
See instructions, page 12 for the reasons
for amending and enter the number. ☐

State Use Only

For calendar year 2007, or fiscal year beginning _____, ending _____

PLEASE PRINT OR
TYPE

Your first name and initial	Last name
Spouse's first name and initial	Last name
Mailing address	
City, state, and Zip Code	

Your Social Security Number (required)

Spouse's Social Security Number (required)

- ☐ Taxpayer deceased in 2007
- ☐ Spouse deceased in 2007

If you or your spouse are nonresident aliens for federal purposes, check here. ☐ Do you need tax forms mailed to you next year? ☐ Yes ☐ No

Residency status

Check one for yourself
and one for your spouse
if a joint return.

1. Yourself
2. Spouse

Resident

1 ☐
2 ☐

Idaho Resident on Active Military Duty

2 ☐
3 ☐

Nonresident

3 ☐
4 ☐

Part-Year Resident

4 ☐
5 ☐

Military Nonresident

5 ☐
6 ☐

Full months in Idaho this year ☐ Yourself ☐ Spouse ☐ Indicate current state of residence. ☐ Yourself ☐ Spouse

Filing status

If filing married joint or separate
return, enter spouse's name and
Social Security number above.

1. ☐ Single
2. ☐ Married filing joint return
3. ☐ Married filing separate return
4. ☐ Head of household
5. ☐ Qualifying widow(er)

Must match federal return

6. Exemptions Enter the same number
claimed on federal return.

- ☐ a. Yourself ☐ b. Spouse ☐ c. Other dependents ☐ d. Total exemptions
- If parents, or someone
else, can claim you (or
your spouse) as
dependents, enter "0."

Election campaign fund I want \$1 of my Income tax to go to
the Idaho Election Campaign Fund (\$2 on joint return).

7. Yourself 8. Spouse
- Constitution ☐ ☐ United ☐ ☐
Democratic ☐ ☐ No Specific ☐ ☐
Libertarian ☐ ☐ None ☐ ☐
Republican ☐ ☐

ATTACH PAYMENT HERE

ATTACH STATE W-2 COPIES HERE

IDAHO INCOME. See instructions, page 13.

9. Wages, salaries, tips, etc. Attach Form(s) W-2
10. Taxable interest income
11. Dividend income
12. Alimony received
13. Business income or (loss). Attach federal Schedule C or C-EZ
14. Capital gain or (loss). If required, attach federal Schedule D
15. Other gains or (losses). Attach federal Form 4797
16. IRA distributions (taxable amount)
17. Pensions and annuities (taxable amount)
18. Rents, royalties, partnerships, S corporations, trusts, etc. Attach federal Schedule E
19. Farm income or (loss). Attach federal Schedule F
20. Unemployment compensation
21. Other income. Attach explanation
22. TOTAL INCOME. Add lines 9 through 21

Idaho Amounts

9		00
10		00
11		00
12		00
13		00
14		00
15		00
16		00
17		00
18		00
19		00
20		00
21		00
22		00

IDAHO ADJUSTMENTS. See instructions, page 14.

23. Deductions for IRAs and health savings account
24. Moving expenses. Attach federal Form 3903
25. Deductions for self-employment tax, health insurance, and qualified retirement plans
26. Penalty on early withdrawal of savings
27. Other deductions. See instructions
28. TOTAL ADJUSTMENTS. Add lines 23 through 27
29. ADJUSTED GROSS INCOME. Subtract line 28 from line 22

23		00
24		00
25		00
26		00
27		00
28		00
29		00

If you have an NOL and are electing to forego the carryback period, check here ☐

☐ Within 180 days of receiving this return, the Idaho State Tax Commission may discuss this return with the paid preparer identified below.
Under penalties of perjury, I declare that to the best of my knowledge and belief this return is true, correct and complete. See instructions.

SIGN HERE	Your signature	Date
	Spouse's signature (if a joint return, BOTH MUST SIGN)	Daytime phone
Paid preparer's signature		Preparer's EIN, SSN, or PTIN
Address and phone number		

MAIL TO: Idaho State Tax Commission, PO Box 56, Boise, ID 83756-0056
ATTACH A COMPLETE COPY OF YOUR FEDERAL RETURN.



IDAHO SUPPLEMENTAL SCHEDULE

For Form 43, Nonresident and Part-Year Resident Returns Only

2007

Name(s) as shown on return

Social Security Number

A. Additions. See instructions, page 24.

1. Non-Idaho state and local bond interest and dividends
2. Idaho college savings account withdrawal
3. Other additions. Attach explanation
4. Total additions. Add lines 1 through 3. Enter on line 31, Form 43

	Column A - Total	Column B - Idaho
1	00	00
2	00	00
3	00	00
4	00	00

B. Subtractions. See instructions, page 25.

1. Idaho net operating loss carryover ☐ _____
Idaho net operating loss carryback ☐ _____ Enter total here
2. State income tax refund included in line 30, Column A, Form 43
3. Interest from U.S. Government obligations
4. Child/dependent care. Attach federal Form 2441 or 1040A, Schedule 2
5. Social security and railroad benefits included in line 30, Column A, Form 43
6. Idaho capital gains deduction. Attach Form CG
7. Idaho resident - Active duty military pay earned outside of Idaho
8. Idaho medical savings account - contributions and interest
Financial institution _____ Account number _____
9. Idaho college savings program
10. Adoption expenses
11. Maintaining a home for the aged and/or developmentally disabled
12. Idaho lottery winnings, less than \$600 per prize
13. Income earned on a reservation by an American Indian
14. Worker's compensation insurance
15. Partner's and shareholder's pass-through subtractions
16. Insulation of Idaho residence
17. Technological equipment donation
18. Health insurance premiums
19. Long-term care insurance
20. Alternative energy device deduction

1	00	00
2	00	
3	00	00
4	00	00
5	00	
6	00	00
7	00	00
8	00	00
9	00	00
10	00	00
11	00	00
12	00	00
13		00
14	00	00
15	00	00
16	00	00
17	00	00
18	00	00
19	00	00

	Year Acquired	Type of Device	Total Cost	Percent	
a.	2007		\$	X 40%	=
b.	2006		\$	X 20%	=
c.	2005		\$	X 20%	=
d.	2004		\$	X 20%	=

20a	00	00
20b	00	00
20c	00	00
20d	00	00

- e. Add lines 20a through 20d
21. Add lines 1 through 19 and 20e

20e	00	00
21	00	00

22. Retirement benefits deduction

- a. If single enter \$25,392, if married filing jointly enter \$38,088
- b. Federal Railroad Retirement received
- c. Social Security benefits received
- d. Balance. Line 22a minus lines 22b and 22c. If less than zero, enter zero
- e. Qualified retirement benefits included in federal gross income
- f. Column A benefits. Smaller of line 22d or line 22e
- g. Qualified retirement benefits included in Idaho gross income
- h. Divide line 22g by line 22e
- i. Column B benefits deduction. Multiply line 22f by line 22h

22a	00	
22b	00	
22c	00	
22d	00	
22e	00	
22f	00	
22g		00
22h		%
22i		00

See instructions,
page 29, for
qualified retirement
benefits to be
included on lines
22e and 22g.

23. Nonresident military pay included in line 30, Column A, Form 43
24. Bonus depreciation. Attach computations
25. Other subtractions. Attach explanation
26. Total subtractions. Column A, add lines 21, 22f, 23, 24, and 25.
Column B, add lines 21, 22i, 24, and 25. Enter on line 33, Form 43

23	00	
24	00	00
25	00	00
26	00	00